

Part-Time Local 587

Plan 1 New Hire Guide



Welcome to King County!

This guide describes Plan 1 benefits, explains your election options and includes the forms to complete if you decide to enroll.

Please review the information in this guide and, if you need additional details, refer to “Your King County Benefits” (the collection of plan booklets distributed at New Employee Orientation and available at www.metrokc.gov/finance/benefits) or contact the resources listed in the Resource Directory.

If you decide to enroll, return your enrollment forms ***within 30 days of your qualification or hire date*** (whichever is later) to:

King County Benefits and Retirement Operations
Exchange Building EXC-ES-0300
821 Second Avenue
Seattle WA 98104-1598

If you don't return your enrollment forms ***within 30 days of your qualification or hire date***, you won't be eligible to enroll again until the next open enrollment or, if you're not enrolling now because you have other coverage through another employer or family member, until you lose the other coverage.

This guide is not a complete description of each benefit plan. If you have questions about specific plan details, please refer to “Your King County Benefits” or contact the resources listed in the Resource Directory. We've made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between the benefit descriptions and the insurance contracts or other legal documents, the legal documents will always govern. King County intends to continue benefit plans indefinitely, but reserves the right to amend or terminate them at any time in whole or in part, for any reason, according to the amendment and termination procedures described in the legal documents. King County, as plan administrator, has the sole discretionary authority to determine eligibility for benefits and to construe the terms of the plans. This information does not create a contract of employment between King County and any employee.

Call 206-684-1556 for alternate formats.

Table of Contents

An Overview of Part-Time Local 587 Benefit Plans.....	3
▶ Plan 1.....	3
▶ Plan 2.....	3
▶ Plan 3.....	3
Eight Key Points.....	4
Benefits to Consider.....	5
▶ Do you want medical coverage?	5
▶ Monthly cost of medical	9
▶ Do you want dental coverage?	10
▶ Monthly cost of dental	10
▶ Do you want vision coverage?	11
▶ Monthly cost of vision.....	11
▶ Who are the eligible family members you want to cover?	12
▶ Do you want basic life insurance for yourself?	12
▶ Monthly cost of basic life insurance	12
▶ Do you want your premiums deducted before or after taxes are withheld?	13
▶ Who are your life insurance beneficiaries?	13
▶ Do you want to participate in a Flexible Spending Account?	13
If You Leave Employment	14
Resource Directory	14
PT 587 Plan 1 Enrollment Form	17
Beneficiary Designation Form	18
Family Member Enrollment Form	19
Affidavit of Marriage/ Domestic Partnership	20

An Overview of Part-Time Local 587 Benefit Plans

There are three benefit plans available to part-time Local 587 employees. The following information is provided to help you understand the basics of each plan and how they work together. You're provided enrollment materials for each plan as you become eligible. Contact your base chief if you have questions regarding your eligibility.

► Plan 1

You become eligible for Plan 1 the first of the month following your qualification or hire date (whichever is later). Your hire date is determined by your department. If your qualification or hire date is the first of the month, you become eligible the same day.

Under Plan 1 you may purchase medical, dental and vision coverage for yourself and family members, plus basic life insurance (\$20,000) for yourself.

► Plan 2

You become eligible for Plan 2 when you receive 338 paid hours in either of two four-month periods:

- November 1-February 28/29 (Plan 2 benefits begin May 1)
- March 1-June 30 (Plan 2 benefits begin September 1).

Plan 2 benefits extend through the end of the calendar year. They continue through the end of the following calendar year if you:

- Have an average of 39 hours or more per pay period in the 26 consecutive pay periods that end with the pay period including July 31 (you must have been employed as a part-time Local 587 employee for at least the most recent six complete pay periods to qualify for this review) or
- Pick assignments averaging four hours or more for the February, June and September shake-ups (you must have picked assignments for all three shake-ups to qualify for this review).

Under Plan 2, you receive county-paid medical, dental and vision coverage for you and the eligible family members you enroll, plus basic life, accidental death and dismemberment (AD&D), and long term disability (LTD) insurance for you. When you first enroll under Plan 2, you may also purchase additional enhanced life and AD&D for yourself and family members, plus enhanced LTD for yourself.

► Plan 3

When you lose eligibility for Plan 2, you become eligible for Plan 3.

Under Plan 3 you continue to receive the same county-paid basic life, AD&D and LTD coverage you had under Plan 2 and may continue to purchase enhanced life, AD&D and LTD coverage. You have the option of paying to continue medical (the same plan you had under Plan 2), dental and vision coverage for yourself and family members. The rates are the same as Plan 1 coverage.

Eight Key Points

- 1.** Under Plan 1, you may purchase medical, dental, vision and \$20,000 basic life insurance for yourself. King County pays a portion of your medical, dental and vision plan premiums, but you pay the full cost of basic life insurance. If you elect medical, dental and vision coverage for yourself, you may cover eligible family members under the same plans. You pay the full cost of family coverage.
- 2.** Certain restrictions apply:
 - You may elect any combination of medical, dental and vision coverage with one exception: you must purchase medical to purchase dental (if you, as the employee, elect medical and dental coverage for yourself, you may cover family members for dental only)
 - If you don't elect basic life now, you may not add it later.
- 3.** If you don't return your enrollment forms to Benefits and Retirement Operations **within 30 days of your qualification or hire date** (whichever is later), you won't be eligible to enroll for Plan 1 again until the next open enrollment or, if you're not enrolling now because you have other coverage through another employer or family member, until you lose the other coverage.
- 4.** If you enroll under Plan 1, your benefit coverage begins the first of the month following your qualification or hire date (whichever is later), as determined by your department. If the date is the first of the month, your coverage begins the same day.
- 5.** It takes several weeks to process your enrollment and issue your medical card (no cards are issued for dental or vision). If you don't receive your medical card within 30 days, contact your medical plan. If you have difficulty getting services, contact Benefits and Retirement Operations.
- 6.** Open enrollment every October lets you change coverage effective the following January. During open enrollment you may:
 - Elect coverage you've previously declined or dropped (with the exception of basic life insurance)
 - Change medical plans
 - Add eligible family members not previously covered
 - Change how your monthly premiums are deducted (before- or after-tax; see page 13).
- 7.** You may make certain changes to your benefit coverage between open enrollments. Generally, you must notify Benefits and Retirement Operations within 30 days of the event prompting the change; change forms are available at www.metrokc.gov/finance/benefits and they provide additional details. Between open enrollments you may:
 - Drop coverage if you pay premiums after-tax
 - Drop family members from coverage if you pay premiums after-tax or when a qualifying event occurs if you pay premiums before-tax
 - Add eligible family members for coverage if you have a qualifying event such as a:
 - Birth or placement for adoption of a child
 - Placement of a legal ward
 - Qualified Medical Child Support Order
 - Marriage or establishment of a domestic partnership
 - Significant change in your spouse's/domestic partner's employer-sponsored coverage
 - Opt back in for coverage if you lose other coverage
 - Request continuation of coverage for a child past age 23 if the child is currently enrolled under your plans, incapacitated due to developmental or physical disability and chiefly dependent on you for support.
- 8.** Questions? Please refer to "Your King County Benefits," go to www.metrokc.gov/finance/benefits or contact the resources listed in the Resource Directory.

Benefits to Consider

If you decide to enroll, you must submit your Plan 1 enrollment forms to Benefits and Retirement Operations ***within 30 days of your qualification or hire date*** (whichever is later).

► Do you want medical coverage?

You may choose from three plan options. The option you select is also the option your family members receive if you cover them. The following table summarizes and compares medical plans.

The following table summarizes the features and covered expenses of the three plan options. As you compare the KingCare Basic and Preferred plans, please note that the Basic plan is essentially the same as the Preferred plan, but with higher annual deductibles and coinsurance. This makes the Basic plan less expensive for employees like you who must pay monthly premiums for medical coverage.

Also please note that two separate companies process claims for the KingCare plans. If you choose a KingCare plan, you receive a medical card from Aetna to use for all medical claims (physician visits, hospital, lab work, etc.) and a prescription card from AdvancePCS to use for all outpatient, retail pharmacy and mail order prescription drug claims.

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
Provider choice	You may choose any qualified provider, but you receive higher coverage when you use network providers Reimbursement for non-network medical services is based on usual, customary and reasonable (UCR) rates, and reimbursement for non-network prescription drug services is based on the rates AdvancePCS pays its network pharmacies; you pay amounts in excess of these rates	You may choose any qualified provider, but you receive higher coverage when you use network providers Reimbursement for non-network medical services is based on usual, customary and reasonable (UCR) rates, and reimbursement for non-network prescription drug services is based on the rates AdvancePCS pays its network pharmacies; you pay amounts in excess of these rates	You choose a Group Health PCP who provides and coordinates most services through the Group Health network; you may also self-refer to Group Health staff specialists; no non-network coverage unless indicated
Annual deductible	\$500/person, \$1,500/family Deductible amounts applied to charges incurred in the last 3 months of the calendar year are carried over and applied to the next year's deductible Deductible doesn't apply to prescription drugs, preventive care or hearing aids	\$100/person, \$300/family Deductible amounts applied to charges incurred in the last 3 months of the calendar year are carried over and applied to the next year's deductible Deductible doesn't apply to prescription drugs, preventive care or hearing aids	None
Copays	Applicable only to emergency room care and prescription drugs (see specific covered expense)	Applicable only to emergency room care and prescription drugs (see specific covered expense)	Generally \$20/visit (see specific covered expense)

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
After the deductible/copays, the plans pay most covered services at these levels ...	80% network for medical claims 60% non-network for medical claims 100% of network rate after applicable copays for prescription drug claims (deductible does not apply)	90% network for medical claims 70% non-network for medical claims 100% of network rate after applicable copays for prescription drug claims (deductible does not apply)	100% network
Until you reach your annual out-of-pocket maximum...	\$1,200/person, \$2,400/family for network care \$2,000/person, \$4,000/family for non-network care Does not apply to prescriptions	\$800/person, \$1,600/family for network care \$1,600/person, \$3,200/family for non-network care Does not apply to prescriptions	\$1,000/person, \$2,000/family for network care and limited emergency/out-of-area non-network care
Then, most benefits are paid for the rest of the calendar year at ...	100% for network services and 100% of UCR for non-network services	100% for network services and 100% of UCR for non-network services	100% network
Lifetime maximum	\$2,000,000	\$2,000,000	No limit
Alternative care (including medically necessary acupuncture, hypnotherapy, massage therapy and naturopathy)	80% network 60% non-network Certain services must be prescribed by a physician; Aetna reviews medical necessity of all treatment after 20 visits	90% network 70% non-network Certain services must be prescribed by a physician; Aetna reviews medical necessity of all treatment after 20 visits	Self-referrals to a network provider are covered up to 5 visits/medical diagnosis/ calendar year for acupuncture and up to 2 visits/medical diagnosis/calendar year for naturopathy; all other alternative care may require PCP referral All services are subject to the \$20 copay/visit
Ambulance services	80%	90%	80% for ground or air transport 100% for ground transfers when initiated by Group Health
Chemical dependency treatment	80% network 60% non-network \$11,285 (2003)/\$11,841 (2004) maximum in 24 consecutive months for combined network and non-network services (requires preauthorization; maximum subject to annual adjustment)	100% network 70% non-network \$11,285 (2003)/\$11,841 (2004) maximum in 24 consecutive months for combined network and non-network services (requires preauthorization; maximum subject to annual adjustment)	100% after \$200 copay/admission for inpatient care 100% after \$20 copay/visit for outpatient care \$11,285 (2003)/\$11,841 (2004) maximum/24 consecutive months (maximum subject to annual adjustment)
Chiropractic care and manipulative therapy (like all services, must be medically necessary)	80% network 60% non-network Up to 33 visits/year for combined network and non-network services Limited to diagnosis and treatment of musculoskeletal disorders	90% network 70% non-network Up to 33 visits/year for combined network and non-network services Limited to diagnosis and treatment of musculoskeletal disorders	100% after \$20 copay/visit

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
Diabetes care training	80% network when prescribed by your physician 60% non-network when prescribed by your physician	90% network when prescribed by your physician 70% non-network when prescribed by your physician	100% after \$20 copay/visit
Diabetes supplies (insulin, needles, syringes, lancets, etc.)	Covered under prescription drugs	Covered under prescription drugs	Covered under prescription drugs
Durable medical equipment, prosthetics and orthopedic appliances	80% when preauthorized	80% when preauthorized	80% if authorized in advance by a network provider as medically necessary
Emergency room care	80% after \$50 copay/visit (waived if admitted) for network or non-network emergency care 80% network, 60% non-network after \$50 copay/visit for non-emergency care	90% after \$50 copay/visit (waived if admitted) for network or non-network emergency care 90% network, 70% non-network after \$50 copay/visit for non-emergency care	100% after \$75 copay/visit to network facility (\$75 copay is waived but \$200 copay/admission for hospital care applies if admitted) 100% after \$125 copay/visit to non-network facility (\$125 copay applies in addition to \$200 copay/admission for hospital care if admitted) Non-emergency care not covered
Hearing aids	100% up to \$500 in 36 months for combined network and non-network services Deductible does not apply	100% up to \$500 in 36 months for combined network and non-network services Deductible does not apply	100% up to \$300/ear in 36 months
Home health care	100% when preauthorized up to 130 visits/year for combined network and non-network services	100% when preauthorized up to 130 visits/year for combined network and non-network services	100%
Hospice care	100% when preauthorized 6-month lifetime maximum 120-hour maximum for respite care in any 3-month period	100% when preauthorized 6-month lifetime maximum 120-hour maximum for respite care in any 3-month period	100% when preauthorized
Hospital care	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100% after \$200 copay/admission
Lab, x-ray and other diagnostic testing	80% network 60% non-network	90% network 70% non-network	100%
Maternity care	80% network 60% non-network	90% network 70% non-network	100% for delivery and related hospital care after \$200 copay/admission 100% after \$20 copay/visit for prenatal and postpartum care

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
Mental health care	80% network, 60% non-network for inpatient up to 30 days/year (combined network and non-network services) 50% up to 52 visits/year for outpatient (combined network and non-network services)	90% network, 70% non-network for inpatient up to 30 days/year (combined network and non-network services) 50% up to 52 visits/year for outpatient (combined network and non-network services)	80% up to 12 days/year for inpatient 100% after \$20 copay/individual, family or couple visit or \$10 copay/group session for outpatient Up to 20 outpatient visits/year
Out-of-area coverage while traveling, for your children away at school, etc.	Same coverage as when home, through Aetna and AdvancePCS national provider networks	Same coverage as when home, through Aetna and AdvancePCS national provider networks	Reciprocal benefits available through Kaiser Permanente and affiliated HMOs; only emergency services covered in all other areas
Physician and other medical/surgical services	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit
Prescription drugs – up to 30-day supply through network pharmacies	100% after \$10 copay for generic 100% after \$15 copay for preferred brand (\$20 if generic available, but if unable to take it for medical reasons, the \$15 copay applies) 100% after \$25 copay for non-preferred brand (\$30 if generic available, but if unable to take it for medical reasons, the \$25 copay applies) Prescriptions filled at non-network pharmacies reimbursed at the rate AdvancePCS pays to network pharmacies, less your copay	100% after \$10 copay for generic 100% after \$15 copay for preferred brand (\$20 if generic available, but if unable to take it for medical reasons, the \$15 copay applies) 100% after \$25 copay for non-preferred brand (\$30 if generic available, but if unable to take it for medical reasons, the \$25 copay applies) Prescriptions filled at non-network pharmacies reimbursed at the rate AdvancePCS pays to network pharmacies, less your copay	100% after \$10 copay for generic 100% after \$20 copay for preferred brand 100% after \$30 copay for non-preferred brand No reimbursement for prescriptions filled at non-network pharmacies
Prescription drugs – up to 90-day supply through mail order network only	100% after \$20 copay for generic 100% after \$30 copay for preferred brand (\$40 if generic available, but if unable to take it for medical reasons, the \$30 copay applies) 100% after \$50 copay for non-preferred brand (\$60 if generic available, but if unable to take them for medical reasons, the \$50 copay applies)	100% after \$20 copay for generic 100% after \$30 copay for preferred brand (\$40 if generic available, but if unable to take it for medical reasons, the \$30 copay applies) 100% after \$50 copay for non-preferred brand (\$60 if generic available, but if unable to take them for medical reasons, the \$50 copay applies)	100% after \$20 copay for generic 100% after \$40 copay for preferred brand 100% after \$60 copay for non-preferred brand
Preventive care (well-child check-ups, immunizations, routine health and hearing exams, etc.; immunizations for travel are not covered)	100% network 60% non-network Deductible does not apply	100% network 70% non-network Deductible does not apply	100% (2003)/100% after \$20 copay/visit (2004) according to well-child/adult preventive care schedule)
Radiation therapy, chemotherapy and respiratory therapy	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
Rehabilitative services Inpatient and outpatient	80% network 60% non-network	90% network 70% non-network	100% for inpatient services after \$200 copay/admission up to 60 days/condition/calendar year 100% after \$20 copay/visit for outpatient services Up to 60 visits/year/condition
Skilled nursing facility	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100% up to 60 days/calendar year at a Group Health-approved nursing facility
Smoking cessation	80% network services 60% non-network services \$500 lifetime maximum for smoking cessation services and prescriptions combined (prescriptions covered under "Prescription drugs" benefit)	90% network services 70% non-network services \$500 lifetime maximum for smoking cessation services and prescriptions combined (prescriptions covered under "Prescription drugs" benefit)	100% for 1 Group Health network provider program/year 100% or the amount of a prescription drug copay (whichever is less) for nicotine replacement therapy up to 30-day supply
Transplants (certain services only)	100% network when preauthorized 60% non-network when preauthorized Medical coverage must have been continuous for more than 12 months under a KingCare plan – whether preexisting or an emergency	100% network when preauthorized 70% non-network when preauthorized Medical coverage must have been continuous for more than 12 months under a KingCare plan – whether preexisting or an emergency	100% after applicable copays Medical coverage must have been continuous for more than 12 months under this plan – whether preexisting or an emergency
Urgent care (ear infections, high fevers, minor burns, etc.)	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit

► Monthly cost of medical

In the following table and on your enrollment forms, Sp = Spouse, DP = Domestic Partner and Ch = Children. 2003 rates are shown with 2004 rates so you can see how costs compare year to year.

Health Plan	You Only	You + Sp	You + Ch	You + Sp/DP + Ch
KingCare Basic				
2003 (\$ 229.99 paid by county)	\$ 45.32	\$ 320.63	\$ 265.56	\$ 540.87
2004 (\$ 241.65 paid by county)	\$ 94.22	\$ 430.09	\$ 362.92	\$ 698.79
KingCare Preferred				
2003 (\$ 229.99 paid by county)	\$ 99.21	\$ 428.41	\$ 362.56	\$ 691.76
2004 (\$ 241.65 paid by county)	\$ 157.85	\$ 557.35	\$ 477.46	\$ 876.96
Group Health				
2003 (\$ 229.99 paid by county)	\$ 57.50	\$ 345.04	\$ 287.49	\$ 574.96
2004 (\$ 241.65 paid by county)	\$ 60.41	\$ 362.53	\$ 302.06	\$ 604.11

► Do you want dental coverage?

You must elect medical coverage to elect dental coverage; you cannot elect dental by itself (if you elect medical and dental coverage for yourself, you may cover family members for dental only).

Dental coverage is provided by Washington Dental Service. You can use any dentist you wish (most dentists in Washington participate in the WDS plan), but the benefits are generally higher (your out-of-pocket expenses are less) and the dentist automatically files your claim if you see a WDS dentist.

WDS increases your payment levels through an incentive program as long as you see your dentist each year:

- For diagnostic and preventive services as well as basic services, the payment level starts at 70% and increases 10% in January of each year until you reach 100% (if you do not see the dentist during the calendar year your payment level is reduced to the next lower payment level, but never below 70%)
- For major restorative services the payment level increases from 70% to 80%, then to 85%.

Washington Dental Service	
Annual deductible (doesn't apply to diagnostic and preventive services, orthodontic services or accidental injuries)	\$25/person, \$75/family
Annual maximum benefit (doesn't apply to orthodontic or TMJ services)	\$2,000/person
Covered Expense	WDS Pays
Diagnostic and preventive services (exams, cleanings and x-rays)	70% - 100% based on patient's incentive level (deductible doesn't apply)
Basic services (crowns, extractions, fillings, etc.)	70% - 100% based on patient's incentive level
Major services – restorative (crowns and onlays)	70% - 85% based on patient's incentive level
Major services – prosthodontics (dentures, fixed bridges and implants)	70% (incentive levels do not apply)
Orthodontic services for adults and children	50% up to a \$2,500 lifetime maximum (deductible and incentive levels do not apply; benefit doesn't apply to the annual maximum benefit)
Night (occlusal) guards	50% (incentive levels do not apply; your medical plan may provide additional coverage)
Temporomandibular joint (TMJ) disorders	50% up to a \$500 lifetime maximum for non-surgical treatment and appliances (incentive levels do not apply and this benefit doesn't apply to the annual maximum benefit; your medical plan may provide additional coverage)
Accidental injury	100% for covered expenses incurred within 180 days of accident (deductible doesn't apply)

► Monthly cost of dental

In the following table, Sp = Spouse, DP = Domestic Partner and Ch = Children. 2003 rates are shown with 2004 rates so you can see how costs compare year to year.

Washington Dental Service	You Only	You + Sp/DP	You + Ch	All
2003 (\$ 29.01 paid by county)	\$ 29.00	\$ 87.01	\$ 75.41	\$ 133.42
2004 (\$ 29.60 paid by county)	\$ 29.60	\$ 88.80	\$ 76.96	\$ 136.16

► Do you want vision coverage?

Vision coverage is provided by Vision Service Plan. You can use any eye care provider you wish, but the benefits are generally higher (your out-of-pocket expenses are less) and the provider automatically files your claim if you see a VSP provider.

Vision Service Plan		
Covered Expenses	If you see a VSP provider you pay a \$10 copay and the plan pays ...	If you see a non-VSP provider you pay the bill in full and the plan reimburses you the following amounts, minus a maximum \$10 copay ...
Exams (once every 12 months)	100%	Up to \$40
Lenses (1 pair every 12 months)		
• Single vision	100%	Up to \$40
• Bifocal	100%	Up to \$60
• Trifocal	100%	Up to \$80
• Lenticular	100%	Up to \$125
• Progressive	100%	
• Tints	100%	Up to \$5 for upgrade to progressive, tints and coatings combined
• Coatings	100%	
Frames (once every 24 months)	Covered up to \$130; if you chose a frame that costs more than the VSP allowable amount, you'll receive 20% off your out-of-pocket costs	Up to \$45
Contacts (once every 12 months in place of eyeglass lenses and frames)		
• Elective	100% up to \$105	Up to \$105
• Medically necessary	100%	Up to \$210

► Monthly cost of vision

In the following table and on your enrollment forms, Sp = Spouse, DP = Domestic Partner and Ch = Children. 2003 rates are shown with 2003 rates so you can see how costs compare year to year.

Vision Service Plan	You Only	You + Sp/DP	You + Ch	All
2003 (\$ 4.51 paid by county)	\$ 4.50	\$ 13.51	\$ 11.70	\$ 20.71
2004 (\$ 4.73 paid by county)	\$ 4.73	\$ 14.19	\$ 12.30	\$ 21.76

► Who are the eligible family members you want to cover?

List the family members you want to cover under your benefit plans on the Family Member Enrollment Form (page 19). Parents and other relatives who are not members of your immediate family are not eligible for coverage, but the following family members are (if you enroll them):

- Your spouse/domestic partner (attach a copy of your marriage certificate or complete and return the Affidavit of Marriage/Domestic Partnership, page 20)
- Unmarried children of you or your spouse/domestic partner if they are under age 23 and chiefly dependent on you for support and maintenance (generally, that means you may claim them on your federal tax return); they may be your:
 - Natural children
 - Adopted children (or children legally placed with you for adoption or for whom you assume total or partial legal obligation for support in anticipation of adoption)
 - Stepchildren
 - Legally designated wards (legally placed foster children, children placed with you as legal guardian or children named in a Qualified Medical Child Support Order; attach appropriate documentation).

If you elect coverage for yourself but do not add eligible family members now, you must wait until the next open enrollment to add them except for certain qualifying events such as:

- Birth or placement for adoption of a child
- Placement of a legal ward
- Marriage/establishment of a domestic partnership
- Qualified Medical Child Support Order
- Significant change in your spouse/domestic partner's employer-sponsored coverage.

Generally, when a qualifying event occurs, you must submit an Add New Family Member form to Benefits and Retirement Operations within 30 days of the event (see the Important Facts booklet in “Your King County Benefits”).

► Do you want basic life insurance for yourself?

You may elect \$20,000 basic life insurance for yourself without evidence of insurability (EOI). If you die, your beneficiaries receive \$20,000.

Life insurance is provided through Aetna and is portable. When you end employment with the county for reasons other than disability, you may continue to pay Aetna directly for the basic coverage you had on your last day of employment until you reach age 75 (changes to 99 in 2004). The age-specific rates you pay for the continued coverage may be different from the rates paid by active employees.

If you decline basic life for yourself now, or drop it later (you may drop it anytime), you may not add it again.

► Monthly cost of basic life insurance

Cost is based on your age. 2004 rates are the same as 2003 rates.

Cost \$20,000 Basic Life	
Your Age	2003 and 2004
Under 25	\$.94
25-29	\$ 1.12
30-34	\$ 1.50
35-39	\$ 1.50

Cost \$20,000 Basic Life	
Your Age	2003 and 2004
40-44	\$ 1.88
45-49	\$ 3.00
50-54	\$ 4.50
55-59	\$ 8.06

Cost \$20,000 Basic Life	
Your Age	2003 and 2004
60-64	\$ 12.36
65-69	\$ 21.26
70+	\$ 34.48

► Do you want your premiums deducted before or after taxes are withheld?

If you enroll under Plan 1, the monthly cost of benefits is divided in half and deducted from your two regular monthly paychecks. (When there are three paychecks in a month, no deductions are taken from the last one.) You may have the deductions taken for health insurance (but not life insurance) before or after federal income and Social Security taxes are withheld.

If you have deductions taken before-tax, this reduces your taxes. However, IRS restrictions apply:

- Any portion you pay to provide coverage to a domestic partner (DP) or DP's children is deducted after-tax
- You may not drop any coverage until the next open enrollment unless due to a qualifying change in status:
 - Death of a family member
 - Divorce or dissolution of a domestic partnership
 - Child loses eligibility
 - Significant change in your spouse's or domestic partner's coverage due to his/her employment
- You must re-enroll for before-tax every year during open enrollment or you default to the after-tax plan.

If you pay premiums after-tax, you do not reduce your taxes, but may drop coverage for yourself or a family member anytime.

► Who are your life insurance beneficiaries?

If you elect \$20,000 basic life insurance, you need to designate beneficiaries – the people you want to receive the benefit in the event of your death. To do so, complete the Beneficiary Designation Form (page 18).

The form allows you to designate primary and contingent beneficiaries. If your primary beneficiaries are not alive at the time of your death, contingent beneficiaries receive your benefit. If you name multiple beneficiaries (primary or contingent), assign the share each beneficiary receives. Shares for all primary beneficiaries need to total 100% and shares for all contingent beneficiaries need to total 100%.

For example, you might name your spouse as primary (if you're married and you do not list your spouse as your only primary beneficiary, your spouse must sign the spouse waiver section of the form) and your two children as contingents. You'd assign your spouse 100% of your insurance benefit and could assign each child 50% of the benefit, or one child 60% and the other 40% – whatever combination of shares totaling 100%. If your spouse is not alive to receive the benefit in the event of your death, your contingent children receive it.

Return original Beneficiary Designation Forms to Benefits and Retirement Operations and keep copies for your records.

► Do you want to participate in a Flexible Spending Account?

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. When you put money into an FSA you do not pay federal or Social Security (FICA) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

- Health Care FSAs allow you to set aside pretax dollars to pay for certain expenses not covered by your medical, dental and vision plans (for example, copays for office visits and the cost of orthodontia not fully paid by your dental plan).
- Dependent Care FSAs allow you to set aside pretax dollars to pay for eligible dependent care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

Please refer to the Flexible Spending Accounts booklet in “Your King County Benefits” for additional details. If you decide to participate in the FSA program, you must submit enrollment forms **within 30 days of when your other benefits begin**. Otherwise, you must wait for a qualifying event or the next open enrollment. Enrollment forms are available at www.metrokc.gov/finance/benefits or from Benefits and Retirement Operations.

If You Leave Employment

If you leave employment, you may continue self-paying for county coverage, but you pay the full premium amounts (without county contributions). Details are provided in “Your King County Benefits” and the Exit Guide (available at www.metrokc.gov/finance/benefits/all/leaveemploy.htm). Here, simply for reference are the full self-pay rates for 2003 and 2004.

Health Plan	You	Spouse/ Domestic Partner	Dependent Child(ren)
KingCare Basic	2003 ► \$ 280.82	2003 ► \$ 280.82	2003 ► \$ 224.64
	2004 ► \$ 342.59	2004 ► \$ 342.59	2004 ► \$ 274.07
KingCare Preferred	2003 ► \$ 335.78	2003 ► \$ 335.78	2003 ► \$ 268.62
	2004 ► \$ 407.498	2004 ► \$ 407.49	2004 ► \$ 326.00
Group Health	2003 ► \$ 265.83	2003 ► \$ 302.09	2003 ► \$ 277.59
	2004 ► \$ 307.99	2004 ► \$ 350.01	2004 ► \$ 321.63
Washington Dental Service	2003 ► \$ 59.17	2003 ► \$ 59.17	2003 ► \$ 47.34
	2004 ► \$ 60.38	2004 ► \$ 60.38	2004 ► \$ 48.31
Vision Service Plan	2003 ► \$ 9.19	2003 ► \$ 9.19	2003 ► \$ 7.34
	2004 ► \$ 9.65	2004 ► \$ 9.65	2004 ► \$ 7.72

Resource Directory

If no TTY phone number is listed, please call 711 to access the TTY Relay Service.

For Questions About ...	Contact ...
Benefits – Eligibility for Plan 1, 2 or 3	Your Base Chief
Benefits – General <ul style="list-style-type: none"> Eligibility Open enrollment and making changes Flexible Spending Account enrollment Life plan details Alternate formats 	Benefits and Retirement Operations Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598 Phone 206-684-1556 ■ 1-800-325-6165 x41556 (outside local calling area) Fax 206-684-1925 E-mail kc.benefits@metrokc.gov Web www.metrokc.gov/ohrm/benefits
Dental <ul style="list-style-type: none"> Providers Claims and appeals Other plan details 	Washington Dental Service (WDS) PO Box 75688, Seattle WA 98125-0688 Phone 206-522-2300 ■ 1-800-554-1907 E-mail cservice@deltadentalwa.com Web www.DeltaDentalWA.com
Flexible Spending Accounts (FSAs) <ul style="list-style-type: none"> Account balances Reimbursement Other plan details 	Associated Administrators Inc. (AAI) PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340 ■ 1-800-428-4833 (TTY) Fax 1-800-979-8987 E-mail flex@aai-tpa.com Web www.aai-pca.com
Life Insurance <ul style="list-style-type: none"> Conversion or portability option when you leave employment For claims, contact Benefits and Retirement Operations 	Aetna Phone 1-800-826-7448 (conversion/portability) ■ 1-800-523-5065 (EOI)

For Questions About ...	Contact ...
Medical – General <ul style="list-style-type: none"> • Providers (doctors, hospitals, etc.) • Claims and appeals • Identification cards • Preauthorization • Other plan details (covered expenses, limitations, exclusions) 	KingCare – Aetna PO Box 14089, Lexington KY 40512-4089 Phone 1-800-654-3250 ■ 1-800-654-7714 (preauthorization) E-mail kingcare@aetna.com Web www.kingcare.com Medical Claims – Aetna Inc., Attn: National Accounts CRT PO Box 14463, Lexington KY 40512 Fax 1-817-417-2026 Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 206-901-4636 ■ 1-888-901-4636 ■ 1-888-287-2680 (out-of-area authorization) E-mail info@ghc.org Web www.ghc.org
Medical – Prescriptions <ul style="list-style-type: none"> • Drug formulary (covered drugs, including generic, preferred brand and non-preferred brand) • Pharmacies • Mail order service • Filing claims and appeals • Identification cards (KingCare members only; Group Health members use medical plan card for prescriptions) 	KingCare – AdvancePCS PO Box 853901, Richardson TX 75085-3901 Phone 1-800-552-8159 Web http://kingcounty.advancex.com (e-mail by selecting Contact Us) Rx Claims Appeals – AdvancePCS, Attn: Prescription Claim Appeals MC 109 PO Box 52084, Phoenix AZ 85072-2084 Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 1-800-245-7979 (mail order prescriptions) E-mail info@ghc.org Web www.ghc.org
Vision <ul style="list-style-type: none"> • Providers • Claims and appeals • Other plan details 	Vision Service Plan PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195 ■ 1-888-354-4434 (discounted laser surgery) 1-800-428-4838 (TTY) Web www.vsp.com (e-mail through the site)

PT 587 Plan 1 Enrollment Form



Check one box for each benefit listed. Return **within 30 days of your qualification or hire date** (whichever is later) to Benefits and Retirement Operations, Exchange Bldg. EXC-ES-0300, 821 Second Ave., Seattle 98104-1598. Use the Family Member Enrollment Form (page 19) to list covered family members.

Last name _____ First _____ MI _____ Gender ☐ M ☐ F
 Soc Sec No _____ Birth date _____ Home phone (_____) _____
 Mailing address _____ Apt No _____ City _____
 State _____ ZIP _____ Home e-mail _____
 Transit base _____ Start date _____ Work phone (_____) _____
 PeopleSoft payroll ID No _____
 King County employment ☐ Never worked for the county ☐ Worked for the county, ending employment (date) _____
 Washington State Retirement System ☐ Never enrolled ☐ Previously enrolled and retired from (plan and date) _____
☐ Previously enrolled in (plan) _____

► Medical

See page 5. DP = Domestic Partner.

<input type="checkbox"/> I decline medical coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect KingCare Basic for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I elect KingCare Preferred for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I elect Group Health for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► Dental

See page 10. You must elect medical to elect dental. DP = Domestic Partner.

<input type="checkbox"/> I decline dental coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect Washington Dental Service for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► Vision

See page 11. DP = Domestic Partner.

<input type="checkbox"/> I decline vision coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect Vision Service Plan for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► \$20,000 Basic Life Insurance

See page 12. Designate beneficiaries on page 18.

☐ I decline basic life insurance for me
☐ I elect \$20,000 basic life insurance for me

► Premium Payment Plan

See page 13.

☐ Before-Tax. Deduct my Plan 1 premiums for health coverage from my regular paycheck before taxes have been deducted. I understand that by choosing this option I may not drop any coverage until the next open enrollment except when certain qualifying changes in family status occur, and any portion of the premiums I pay to cover a domestic partner or domestic partner's children generally must be deducted after taxes, per IRS regulations.
☐ After-Tax. Deduct my Plan 1 premiums from my regular paycheck after taxes have been deducted.

► Authorization

This form supersedes all previously submitted forms. I've read and understand it and the additional materials describing my benefits. The information I've provided is true, correct and complete. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.

Employee signature _____ Date signed _____

Office Use Only	Received	Reviewed	Data Entered	Audited	Effective

Beneficiary Designation Form



If you elect \$20,000 basic life insurance, use this form to designate your beneficiaries, as described on page 13. Provide all information indicated. Mail original(s) to Benefits and Retirement Operations, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle 98104-1598 and keep copies for your records.

Designate beneficiaries as primary or contingent. Contingent beneficiaries receive benefits if all primary beneficiaries are not alive at the time of your death. If you don't designate primary or contingent, all beneficiaries listed are primary. Assign the percentage of your benefit each beneficiary receives. Percentages for all primary beneficiaries must total 100% and percentages for all contingent beneficiaries must total 100%. If you don't assign percentages, beneficiaries receive equal shares.

If you're married and designate anyone other than or in addition to your spouse as primary, your spouse must complete the Spouse Waiver. If you designate minors, claim payments may be delayed.

► Beneficiaries

	Name	Relationship	Soc Sec No	Birth Date	Contact Phone	Primary	Contingent	%
1.						<input type="checkbox"/>	<input type="checkbox"/>	
2.						<input type="checkbox"/>	<input type="checkbox"/>	
3.						<input type="checkbox"/>	<input type="checkbox"/>	
4.						<input type="checkbox"/>	<input type="checkbox"/>	
5.						<input type="checkbox"/>	<input type="checkbox"/>	
6.						<input type="checkbox"/>	<input type="checkbox"/>	
7.						<input type="checkbox"/>	<input type="checkbox"/>	
8.						<input type="checkbox"/>	<input type="checkbox"/>	
9.						<input type="checkbox"/>	<input type="checkbox"/>	
10.						<input type="checkbox"/>	<input type="checkbox"/>	
11.						<input type="checkbox"/>	<input type="checkbox"/>	
12.						<input type="checkbox"/>	<input type="checkbox"/>	
13.						<input type="checkbox"/>	<input type="checkbox"/>	
14.						<input type="checkbox"/>	<input type="checkbox"/>	

► Spouse Waiver

Your spouse must sign this section if you designate anyone other than or in addition to him/her as primary above.

I am the spouse of the employee who signed this form. As such, I understand that upon the death of my spouse, I may be entitled to receive a plan benefit. I understand that by signing this statement, I hereby consent to the designation of primary beneficiaries other than/in addition to myself and thereby waive my right to full payment upon the death of my spouse.

Spouse signature _____

Date signed _____

Printed name _____

► Authorization

By signing and dating this form, I designate the above as my beneficiaries. I understand that if a minor (person not of legal age) or my estate is the beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This may mean legal expenses for beneficiaries and possible delay in payment to them.

Employee signature _____

Date signed _____

PeopleSoft payroll ID or Soc Sec No _____

Family Member Enrollment Form



List eligible family members for coverage and provide all information for each family member. Please print. If you're covering a spouse/domestic partner, complete the Affidavit of Marriage/Domestic Partnership (page 20).

☐ Check this box if your spouse/domestic partner is also a King County employee.

► Family Members

1.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth date _____
2.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth date _____
3.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth date _____
4.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth date _____
5.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth date _____
6.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth date _____
7.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth date _____
8.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth date _____
9.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth date _____
10.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth date _____

► Authorization

This form supersedes all previously submitted forms. I have read and understand it and the additional materials describing benefit eligible family members. The information I have provided is true, correct and complete. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment.

Employee signature _____ Date signed _____

PeopleSoft payroll ID or Soc Sec No _____

Affidavit of Marriage/ Domestic Partnership



► Check all boxes that apply

- ☐ Add my spouse/domestic partner (DP) for benefit coverage.
- ☐ This form documents my marriage/domestic partnership, but do not add my spouse/domestic partner for coverage at this time.
- ☐ My spouse/DP is also a King County employee.

► Check one of the following boxes and provide the date

- ☐ I (employee) certify my spouse (named below) and I legally married (date) _____.
- ☐ I (employee) certify my domestic partner (named below) and I began our domestic partnership (date) _____ and we:
 - Share the same regular and permanent residence
 - Have a close personal relationship
 - Are jointly responsible for *basic living expenses**
 - Are not married to anyone
 - Are both 18 years of age or older
 - Are not related by blood closer than would bar marriage in the State of Washington
 - Were mentally competent to consent to contract when our domestic partnership began, and
 - Are each other's sole domestic partners and are responsible for each other's common welfare.

* *Basic living expenses means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.*

► Authorization

I understand this affidavit will no longer be effective if my spouse/domestic partner dies or if there is a change of circumstances attested to in this affidavit. I agree to notify Benefits and Retirement Operations or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 30 days of such change by filing a Delete Family Member form. I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.

We understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law. We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law. We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership. We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.

Employee

Employee signature _____ Date signed _____

PeopleSoft payroll ID or Soc Sec No _____

Spouse/Domestic Partner

Spouse/DP signature _____ Date signed _____

Printed Name _____

Year-End New Hire Open Enrollment Form



Your enrollment forms elect your coverage through December 31 and, though you're just making those elections, you must be given the opportunity to change the coverage effective January 1. During open enrollment you may change your medical, dental and vision coverage, add new eligible family members for coverage and change your premium payment plan.

Please complete this form and return it with your other enrollment forms **within 30 days of your qualification or hire date** to Benefits and Retirement Operations, Exchange Bldg. EXC-ES-0300, 821 Second Ave., Seattle 98104-1598.

► **No Change** *If you check this box, check no others.*

☐ I want to keep the same coverage in 2004 that I've elected with my other forms.

► **Change Medical** *DP = Domestic Partner*

Effective January 1, 2004, make my election:

<input type="checkbox"/> I decline medical coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect KingCare Basic for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I elect KingCare Preferred for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I elect Group Health for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► **Change Dental** *You must elect medical to elect dental. DP = Domestic Partner*

Effective January 1, 2004, make my election:

<input type="checkbox"/> I decline dental coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect Washington Dental Service for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► **Change Vision** *DP = Domestic Partner*

Effective January 1, 2004, make my election:

<input type="checkbox"/> I decline dental coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect Vision Service Plan for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► **Add Family Members** *Provide documentation as described on page 12 of this guide.*

Effective January 1, 2004, add these eligible family members for coverage:

1. Name _____ Relationship _____
 Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____
☐ Add this family member for life/AD&D only (no health coverage)

2. Name _____ Relationship _____
 Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____
☐ Add this family member for life/AD&D only (no health coverage)

► **Change Premium Payment Plan**

Effective January 1, 2004, make my election:

☐ Before-Tax. Deduct my Plan 1 premiums for health coverage from my regular paycheck before taxes have been deducted. I understand that by choosing this option I may not drop any coverage until the next open enrollment except when certain qualifying changes in family status occur, and any portion of the premiums I pay to cover a domestic partner or domestic partner's children generally must be deducted after taxes, per IRS regulations.

☐ After-Tax. Deduct my Plan 1 premiums from my regular paycheck after taxes have been deducted.

► **Authorization**

I've read and understand this form. The information I've provided is true, correct and complete. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.

Employee signature _____ Date signed _____

PeopleSoft payroll ID or Soc Sec No _____

